

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

*09714469*

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	<i>49</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>44</i> minus 20 =	<i>24</i>
INDEPENDENT CLAIMS	<i>5</i> minus 3 =	<i>2</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	<i>355.00</i>	OR BASIC FEE	<i>710.00</i>
X\$ 9=		OR X\$18=	<i>132.00</i>
X40=		OR X80=	<i>160.00</i>
+135=		OR +270=	
TOTAL		TOTAL	<i>1302.00</i>

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	• <i>4</i>	Minus	*** <i>5</i>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=	<i>40.00</i>	OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE	<i>40.00</i>	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	• <i>6</i>	Minus	*** <i>6</i>	= <i>0</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

The Highest Number Previously Paid For is the independent claim number plus the dependent claim number.